



## Town of New Paltz Planning Board

## **ESCROW AUTHORIZATION FORM**

PB#: 23-418	
Name of Project: Agri Business Child Dev Shade Pavil	lion
Applicant: Agri Business Child Development	
Applicant's Address: 355 Route 32 N	
Applicant's Telephone Number: 845-255-7571	
E-Mail: Melissa.hoffstatter@abcdmail.org	
Town Supervisor Authorization:  Date of the Company	te <u>7/29/23</u>
Planning Board Acceptance List Vice chair	Date 9/28/2023
Modifications: Escrow Initial Deposit	Replenishment
Final Town Board Sign-off:	Date:

This form requires 3 signatures for audit purposes.

(\* This form is used for bookkeeping purposes only. It is not part of the public record of the Planning Board Application file.)



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NOTE: Only one (1) original of this form should be submitted with your application.

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Date Received: 9/4/23 Fee Paid: #500. © (500 35Pin/#F23-00)  Escrow Initial Deposit: #1900 Replenishment: #350
Name of Project: SHADE PAVILLIONS SITE PLAN  Project Property Address: 355 Rovte 32 North
Project Property Address:
Tax Map S-B-L: 18.2-2-7.200 PB#: 23-418
(Office use only – do not write above this line)
Owner Name: Agri-Business Child Development, New Paltz Center  Melissa Hoffstatter, Center Director  Applicant: 355 Route 32 North PO Box 323 New Paltz, NY 12561
Applicant's Telephone Number: 845-255-7571 E-Mail: Melissa.Hoffstatter@abcdmail.org
Escrow Guarantor/Payor: NYS FEDERATION OF GROWERS AGRI- BUSINESS Name/Title/Contact No.
Tax ID for Escrow Account: 15-0509747 (must complete W-9)
Signature of Owner/Applicant (or authorized agent) $\frac{9/8/2023}{Date}$

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It is **not** part of the public record of the Planning Board Application file.
This information will be used for monthly escrow billing only.